



Dear Parents,

RE: SCHOOL SPORT AND COACHING PROGRAM – Years 4 to 6

I'm pleased to invite students from years 4, 5 and 6 who are interested in developing their soccer skills to come and train with Humberto Folch at Golden Bay Primary School. Mr Folch, is a former Peruvian professional player who has coached kids in Victoria and Western Australia over many years. Mr Folch is still committed to working with our kids over the coming years. This opportunity is not to be missed.

Mr Folch will be offering coaching and game skills training on Tuesdays between 4:00-5:30pm commencing Tuesday May 3 2016.

Children will need to bring:

Sunscreen
Water bottle
Shorts and t-shirt
Soccer ball (if have one)

Any student wanting to take part in the coaching and training sessions must return the attached signed parental permission form.

All students in attendance must adhere to our school values at all times and listen carefully to all instructions. Students not adhering to what is expected of them will not be able to continue in the coaching program.

Yours Sincerely

PETA LAWRENCE
PRINCIPAL




31 March 2016

4.085/117

<p>PARENT CONSENT FORM</p> <p>FOR SCHOOL INCURSION (AFTER HOURS)</p>
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If your son/daughter has special needs please provide full details and include any relevant medical details and updates to be entered on the Student Health Care Summary kept at the school.

If the proposed incursion poses any additional health risks to those identified in the Student Health Care Summary, e.g. if your child suffers from anaphylaxis, there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature. Please outline all current health risks below:

Contact Information		
 Home:	 Work:	 Mobile:
Other:		

I consent to _____ participating in school authorised after school soccer coaching and training program on Tuesday afternoons only, between the times of 4:00 – 5:30pm. This consent covers all Tuesdays in 2016.

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur during this time, unless the school or its employees are proven to be negligent.

I will be picking my child up at 5:30pm - **Yes/No** (Please circle)

I give permission for my child to walk on their own at 5:30pm after each session. - **Yes/No** (Please circle)

Parent _____

_____ Date